

## MENTAL HEALTH WRAPAROUND DEMONSTRATION

---

### 1.0. PURPOSE

This Demonstration is to test the following hypothesis:

“Wraparound services provided to child and adolescent mental health patients builds support for the patient which enables shorter inpatient stays through comprehensive and continued management of care, while substantially reducing recidivism for the residential phase of treatment; thereby reducing costs of inpatient psychiatric and residential care.”

This hypothesis will be demonstrated through a community based program of care designed/developed on individual-needs-driven-planning and services to support normalized and inclusive options for child and adolescent mental health patients and their families. This demonstration is designed to be a collaborative effort between the military, the TRICARE Managed Care Support Contractor, ASD(HA), TRICARE Management Activity (TMA) and community based resources.

### 2.0. BACKGROUND

2.1. The Fiscal Year 1996 Department of Defense Authorization Act (P.L. 104-106, Section 716) mandated the Secretary of Defense to conduct a pilot program demonstration to provide residential and wraparound services to children eligible for health care under TRICARE in need of mental health services and who have a serious emotional disturbance that is generally regarded as amenable to treatment. To implement this demonstration, the statute allows the Secretary of Defense to enter into contracts (or amend existing contracts) with managed care support contractors, under which the managed care support contractors agree to organize and operate, directly or through subcontractors, a mental health care network for the provision of wraparound mental health services which are portable within the same TRICARE Region.

2.2. The Statute defined the term “wraparound services” to mean individualized mental health services that are provided principally to allow a child to remain in the family home or other least-restrictive and least-costly setting, but also are provided as an aftercare planning service for children who have received acute or residential care. Wraparound services include nontraditional mental health services that will assist the child to be maintained in the least-restrictive and least-costly setting.

2.3. To comply with this Congressional mandate, the ASD(HA) has designated the existing TRICARE Central Region as the site for this demonstration. Additionally, the ASD(HA) has selected TRICARE Regions 9/10 to serve as the control group for the duration

of this demonstration. The ASD(HA) further directed TMA to modify, with this change, the TRICARE Central Region, and TRICARE Regions 9/10 managed care support contracts to include provisions for implementing this demonstration beginning February 1, 1998, and continuing initially through January 31, 2001. The Demonstration Program is entitled "TRICARE Central Region Mental Health Wraparound Demonstration."

2.4. The Statute further authorized funds to cover services provided under this demonstration to children and adolescents of members or former members of the Uniformed Services member meeting the specific requirements outlined under "Applicability" and "Policy" below. There is also a requirement for the provider of service to share financial risk for the wraparound services by accepting as a maximum annual payment for demonstration services a case-rate reimbursement (i.e., capitated rate) not in excess of the annual standard TRICARE residential treatment benefit.

### **3.0. DEMONSTRATION OBJECTIVES AND EVALUATION**

3.1. The TRICARE Central Region Mental Health Wraparound Demonstration was designed/developed to examine the following expected objectives/outcomes:

3.1.1. Wraparound services will result in improved patient outcomes as evidenced by indicators such as decreased use of polypharmacy, decrease in numbers of missed appointments, decrease in numbers of Against Medical Advice (AMA) discharges, decrease in numbers of elopements from inpatient or residential treatment facilities, and decrease in numbers of patient interactions with the criminal justice system as compared to such indicators in the control group.

3.1.2. Wraparound services will reduce family mental health expenditures as compared to the expenditures documented in the control group.

3.1.3. Wraparound services will reduce a patient's length of stay in psychiatric inpatient care and/or residential treatment as compared to the control group.

3.1.4. Wraparound services will reduce the recidivism rate for the residential phase of treatment as compared to the control group.

3.1.5. Wraparound services will result in the experimental group demonstrating at least a 15% reduction over the control group in numbers of days spent in institutions.

3.1.6. There will be at least a 50% increase in compliance between the control group and the experimental group in the following areas: keeping therapy appointments, medication compliance and school attendance.

3.1.7. All sentinel events (hospitalizations, self-destructive behavior, expulsion from school, juvenile arrests, pregnancy) will be captured in both groups.

3.2. The TRICARE Central Region Mental Health Wraparound Demonstration shall evaluate the following Demonstration objectives:

3.2.1. The evaluation will assess the goals, objectives, and strategies of this demonstration project including implementation and operational issues as well as program

outcomes. The evaluation will include quantitative and qualitative components to accomplish this task. An analysis of a number of program effects based on such outcomes as cost, use, access, portability, quality and participation will be conducted with data collected during the operation of this demonstration.

3.2.2. The evaluation will assess the feasibility of implementing the wraparound mental health service program throughout the military health service system. The evaluation will examine design, development and implementation issues.

3.2.3. The demonstration will build data bases on basic information such as the number of cases managed, demographic information, their diagnoses, costs, geographic locations, lengths of stay, treatment modalities and support resources. The data bases will provide a mechanism to monitor the cost-effectiveness, quality, appropriateness and portability of wraparound mental health services.

3.3. Participants of this demonstration will be compared to a control group. The control group is all children who meet the same requirements outlined under "Policy" below, who reside in Regions 9/10.

3.4. The ASD(HA), or designee, will submit reports to Congress at designated intervals. These reports will outline the demonstration program and/or provide an assessment of the effectiveness of the wraparound mental health demonstration program and the Secretary of Defense's views regarding whether the program should be implemented throughout the military health care system.

3.5. Evaluation of the demonstration will be as outlined in [paragraph 6.0](#).

#### 4.0. **APPLICABILITY**

The provisions of this demonstration apply to all eligible TRICARE children and adolescents between the ages of 4-16 at the time of entry into the demonstration determined to meet the specific requirements outlined below under "Policy," of a member or former member of the Uniformed Services who live in and are expected to remain in the TRICARE Central Region for the duration of this demonstration. The TRICARE Central Region Mental Health Wraparound Demonstration is available only in the TRICARE Central Region area. The TRICARE Central Region consists of, the extreme western portion of Texas and certain Texas zip codes which are included in the catchment area of Cannon Air Force Base, as well as the States of Arizona (excluding Region 10 zip codes), New Mexico, Nevada, Colorado, Idaho (except for those zip codes which have been previously assigned to TRICARE Region 11), Iowa, Kansas, Minnesota, Missouri (except for those zip codes which have been assigned to TRICARE Region 5), Montana, Nebraska, North Dakota, South Dakota, Utah, and Wyoming. (If required by the contractor, a listing of applicable zip codes for this demonstration may be obtained by contacting the Contracting Officer's Representative for the TRICARE Central Region).

## **5.0. POLICY**

### **5.1. Eligibility**

5.1.1. Effective February 1, 1998, and continuing through January 31, 2001, participation in the TRICARE Central Region Wraparound Demonstration is available for those TRICARE eligible children and adolescent patients determined to have a serious emotional disturbance which is generally regarded as amenable to treatment when:

- the TRICARE eligible child or adolescent patient is between the ages of 4-16 at the time of entry into the demonstration; and
- lives in, and is expected to remain in TRICARE Region for the duration of the demonstration; and
- has a valid DSM IV diagnosis; and
- at the time of referral, requires at least the residential/inpatient level of care; or
- at the time of referral is preparing for discharge from a residential or inpatient facility and is at high risk for recidivism.

5.1.2. Removal of an eligible child or adolescent from participation in this demonstration requires approval from the ASD(HA) designated Contracting Officer.

### **5.2. Services/Copays**

5.2.1. The services/benefits available under this demonstration are "Residential and Wraparound Services." Residential and Wraparound Services are individualized community based mental health services which allow a child to remain in the family home or other least-restrictive and least-costly setting, but are also provided as an aftercare planning service for children who have received acute or residential care. Wraparound Services include nontraditional mental health services that will provide the flexibility needed to assist a child or adolescent to be maintained in the least-restrictive and least-costly setting. Such services may include, but are not limited to:

5.2.1.1. Psychiatric in home services.

5.2.1.2. Brief, time limited, respite services.

5.2.1.3. Therapeutic foster homes.

5.2.1.4. Therapeutic group homes.

5.2.1.5. Crisis stabilization in group homes.

5.2.1.6. Institutional care. However, the contractor shall use institutional care when all other locally available resources have been exhausted. If institutional care is necessary, every effort shall be expended to achieve a minimal length of stay.

5.2.1.7. Other residential or nonresidential, ancillary mental health services not included on the above list may be considered for benefits under this demonstration subject to approval from the OASD(HA) designated Contracting Officer Representative (COR). Requests for approval of additional/other services, shall include a detailed summary of each service. Requests for approval of additional services shall be submitted to TMA, Managed Care Support Office. The TMA, Managed Care Support Office will facilitate in obtaining approval of the new wraparound service from the OASD(HA) Contracting Officer Representative for this demonstration. The TMA, Managed Care Support Office will advise the contractor via letter of the OASD(HA) decision. If approved, the TMA, Managed Care Support Office, will prepare necessary contract changes for the new wraparound benefits.

5.2.2. Services rendered by nontraditional mental health residential providers shall be delivered in accordance with applicable state rules and regulations governing residential treatment facilities and therapeutic homes. All “study group” demonstration participants, if not already enrolled in TRICARE Prime, shall be designated “enrolled” in Prime for mental health services by the contractor to ensure all mental health services provided under the demonstration are paid in accordance with Prime rules/policies. Copayments and deductibles related to Point of Service cost-sharing shall apply to mental health services for participants of the demonstration for the duration of this demonstration.

5.2.3. Enrollment fees shall be waived for “study group” demonstration participants not enrolled in TRICARE Prime. If the demonstration participant is already enrolled in Prime, enrollment fees need not be refunded for the current year, but shall be waived during the subsequent enrollment year. No proration is allowed for “study group” participants when the family is enrolled in Prime.

5.2.4. Wraparound mental health services provided under this demonstration shall be portable (i.e., continuation of services as needed during the period of participation even if the eligible child or adolescent moves to another location within the same region, such as moving from Colorado to Idaho, etc.). Portability of services shall include an equal or greater level of quality, and the same degree of accessibility as currently being received by the participant. If the contractor is not able to provide services of equal or greater level of quality or the same degree of accessibility, the contractor shall request, in writing, an exception to this requirement, from the ASD(HA) COR through the TRICARE Central Region COR.

5.2.5. Excluded from this demonstration are TRICARE eligible children and adolescents with a valid DSM IV diagnosis which is not generally regarded as either serious and/or amenable to treatment, and mental health services related to custodial care, or which are determined to be primarily educational.

## **6.0. RESPONSIBILITIES**

### **6.1. ASD(HA)/OASD(HA)**

6.1.1. Will conduct overall demonstration operations, monitoring, and evaluation.

6.1.2. Will develop the demonstration parameters for evaluation of the demonstration, for both participants and the Regions 9/10 control group. The ASD(HA), or designee, may elect to use an unbiased academic third party to perform the data analysis.

6.1.3. Will serve as the demonstration ASD(HA) designated Contracting Officer Representative (COR) for the duration of the demonstration. The OASD(HA) demonstration COR's name, address, telephone and fax numbers will be provided to the contractor and the TRICARE Central Region COR no later than 30 calendar days prior to the start of the demonstration.

6.1.4. Provide clinical oversight for the duration of the demonstration as necessary.

6.1.5. Will collect/track the data needed to meet objectives of this demonstration via medical records.

## **6.2. TRICARE Management Activity (TMA)**

6.2.1. Will provide overall TRICARE Central Region contract operations, monitoring and evaluation.

6.2.2. Will serve as the liaison between the OASD(HA) COR for this demonstration, Managed Care Support Contractor, Lead Agents, and MTFs on all issues related to the demonstration, (i.e., coordination, approval, etc.).

6.2.3. Will initiate upon direction from the OASD(HA) designated COR for this demonstration, necessary actions required to support any change or modification necessary to ensure the intent of this demonstration is implemented.

6.2.4. Will provide demonstration claims adjudication and support via specific contractual arrangements with the TRICARE Central Region managed care support contractor.

6.2.5. Will provide periodic review and evaluation of the demonstration claims adjudication process.

6.2.6. Will provide routine Public Affairs functions to properly inform and periodically update the patient and provider communities regarding the terms of this demonstration.

6.2.7. Will provide specific written guidance via this document to the TRICARE Central Region managed care support contractor regarding claims adjudication services to be provided during the duration the demonstration.

6.2.8. Will ensure all parties are provided via letter of all Point of Contact information required for coordination of this demonstration.

## **6.3. Military Treatment Facility (MTF) Responsibilities**

6.3.1. Will actively participate with and support this demonstration in coordination with the contractor through appropriate patient identification, and making available the use of all available MTF services which may be medically appropriate to maintain a beneficiary's optimal mental health.

6.3.2. When requested, will work with the contractor in developing the services or individualized treatment plans required under this demonstration to ensure both quality and cost-effectiveness.

6.3.3. Will assist the contractor in maintaining residence of the members or former members and their families of the participants in this demonstration within the TRICARE Central Region area for at least two years.

6.3.4. Will work with the contractor to develop methods to ensure members or former members and their families maintain active family involvement in the participants treatment program when required to obtain the participants optimal mental health.

6.3.5. Will designate a specific Point of Contact for this demonstration. Name of Point of Contact, address, telephone and fax numbers, shall be provided to the Contracting Officer, the Contracting Officer's Representative, the Lead Agent, and the managed care support contractor no later than 30 calendar days prior to the beginning date of the demonstration.

6.3.6. Will ensure Health Benefit Advisor cooperation in providing correct information on the requirements of the demonstration to beneficiaries, assistance with claims processing problems related to the demonstration, and development of a close working relationship with the demonstration case manager to ensure maximum use of available MTF resources when required.

#### **6.4. Control Group Contractor(s) - Regions 9/10**

6.4.1. Shall identify beneficiaries within their regions who meet the TRICARE Central Region Wraparound Mental Health Demonstration qualifying parameters for participation, outlined under "Policy" in this section, and are recommended for inpatient treatment.

6.4.2. Shall provide the OASD(HA) COR with a list of these beneficiaries no later than the 15th of every month. The first report is due 75 calendar days after the start of the demonstration.

6.4.3. Shall upon request from the OASD(HA) COR allow access to control group identified patient's medical record information, including but not limited to, the psychiatric assessment and evaluation performed by the admitting and/or treating psychiatrist, psychosocial history and other clinical assessment data.

6.4.4. Shall designate, per region, a Point of Contact, to assist in providing control group information for comparison. Shall provide name of each Point of Contact, address, telephone and fax numbers to the OASD(HA) Contracting Officer, and the COR no later than 30 calendar days prior to the start of the demonstration.

6.4.5. Shall continue to follow existing procedures/processes established for the review of mental health services within their region(s).

#### **6.5. Study Group Contractor(s) - TRICARE Central Region**

6.5.1. Shall designate an individual as the TRICARE Central Region Mental Health Wraparound Demonstration Point of Contact, and provide the OASD(HA) COR and the



TMA COR with the name, address, telephone and fax numbers no later than 30 calendar days prior to the start of the demonstration.

6.5.2. Shall establish a Clinical Management Committee for the purpose of overseeing the quality of the clinical programs included in this demonstration project. This committee shall consist of, at a minimum, a Director who is a Board Certified child/adolescent psychiatrist with at least five years clinical experience and has an active practice (i.e., includes consulting, teaching practices, etc.), a Doctoral level clinical psychologist, a Masters level psychiatric social worker, a Masters level psychiatric nurse and a clinical representative from the other respective Lead Agents. The clinical management committee may include other multidisciplinary members as the contractor deems necessary.

NOTE: This Committee shall serve in an advisory capacity to the case managers and local providers only and may not remove any participant from this demonstration without the OASD(HA) COR's prior consent. Additionally, this committee shall not act as a clinical assessment team. Rather the committee shall be responsible for ensuring clinical quality management throughout the demonstration region. The Committee shall also serve as a resource for individual case managers/providers. Disputes which arise between a case manager and local provider over the necessity for a service/benefit shall be directed to the Committee's Director for resolution. If the Committee's Director disagrees with the local provider, peer to peer consultation is required before the service/benefit is denied.

6.5.3. Shall establish and maintain an exclusive mental health network (i.e., not automatically including all providers who request inclusion) to support the TRICARE Central Region Wraparound Mental Health Demonstration. This network may be comprised of existing managed care support contractor mental health network providers, MTF mental health providers, and new providers of unique wraparound mental health services. All providers must be practicing within the scope of his/her licensure. The contractor shall:

6.5.3.1. Shall certify all mental health providers of care, with the exception of those provider certification functions retained by the government, following the existing TRICARE Central Region managed care support contract requirements and TRICARE policies and procedures for certification of, validation of, and maintenance of provider certification/credentialing records and computer files, etc.

6.5.3.2. Shall ensure, at a minimum, all providers of unique wraparound mental health services (i.e., therapeutic group home, foster day care, etc.) meet national/local licensing standards and/or credentialing requirements.

6.5.3.3. Shall ensure all TRICARE authorized mental health providers treating participants of this demonstration are tied to the managed care support contractor via a provider agreement. At a minimum, the provider agreement shall assure compliance with all current provider agreement requirements of the TRICARE Central Region managed care support contract, including but not limited to, provisions to accept assignment of all claims, accurately complete all claims submissions, the requirements of the TRICARE Central Region Mental Health Wraparound Demonstration, and any quality improvement program developed by the contractor and case manager as applicable. Provider contracts shall also contain a provision which authorizes the National Quality Monitoring Contractor to release all review data to the contractor. The contractor shall provide the OASD(HA), Contracting Officer Representative, with a sample of the current contractual provider agreement 60



calendar days prior to start of the demonstration, if using other than the network provider agreement approved as part of the TRICARE Central Region network provider plan. Existing mental health network provider agreements need not be redone, if the contractor obtains written documentation signed by the provider on the providers letterhead which indicates the provider agrees to adhere to demonstration provisions.

6.5.3.4. Shall require certification of all demonstration providers. Recertification/credentialing of providers certified within the last 12 months is not required to ensure that state licenses, board certification or recertification, an absence of Medicare/Medicaid/TRICARE sanctions, etc. are still current. However, when recertification is required by the managed care support contract, the contractor shall follow existing contract requirements for certification/credentialing.

6.5.3.5. Shall ensure providers designated as network individual professional providers, non-institutional and institutional providers offer discounts which follow the provider reimbursement requirements required in the TRICARE Central Region managed care support contract and by this demonstration.

6.5.3.6. Shall ensure during network development, inclusion of at least two comprehensive mental health treatment facilities that offer the full range of mental health services including, inpatient treatment, residential treatment, partial hospitalization, and outpatient treatment. These facilities shall have local capabilities (within 50 miles of the beneficiary's residence) to provide all necessary follow-up services (after discharge from inpatient or RTC care) to sustain optimal mental health. If necessary, the location of the comprehensive mental health facility may be greater than 50 miles of the participant's residence. The contractor shall obtain this consent from the patient, or parent/guardian in writing, and request approval from the OASD(HA) COR. However, all services excluding inpatient care shall be accessible in the participants community. The contractor shall notify the OASD(HA) Contracting Officer's Representative of the name and location of the comprehensive mental health facilities no later than 30 calendar days prior to start of the demonstration.

6.5.3.7. Shall continue to comply with the minimum access standards/guidelines required by the TRICARE Central Region managed care support contract, including the provisions for emergency referral and emergency services within the demonstration area 24 hours a day, seven days a week, and Primary Care Manager (PCM) access on a same day basis via telephone or appointment, 24 hours a day seven days a week.

6.5.3.8. Shall be responsible for all provider marketing, education and relations functions necessary to initiate and maintain this demonstration. All provider marketing, and educational material shall be made available by the contractor to all Military Treatment Facilities, TRICARE Service Centers, Lead Agents, beneficiaries and providers, both network and nonnetwork, within the demonstration area via methods consistent with current TRICARE Central Region contractual requirements. No later than 30 calendar days prior to the start of demonstration, the contractor shall obtain Contracting Officer approval for all marketing materials developed for use during this demonstration. As part of the demonstration marketing, the managed care support contractor shall send a notification of all review requirements, such as preauthorization, concurrent and retrospective review, and review criteria to be used during the demonstration, etc., no later than 30 calendar days prior to the start of the demonstration. Approval of materials will be valid for one year.

**6.5.3.9.** Shall maintain a list of all network providers who have signed agreements to provide care under this demonstration. This list shall be updated monthly or more frequently as changes occur and shall be provided by the 15th of each month to the Case Managers, the OASD(HA) COR and the TMA COR, the Health Benefits Advisors, the Lead Agents and the MTFs.

**6.5.4.** Shall furnish utilization management of the care provided as part of the TRICARE Central Region Mental Health Wraparound Demonstration. To accomplish this the contractor shall:

**6.5.4.1.** Establish and maintain a written Utilization Management (UM) Plan which describes fully all processes, procedures, criteria, staff and staff qualifications, information data collection activities, and requirements the contractor shall use in conducting utilization management activities under this demonstration, to include the specific roles and duties of the case manager in approving the care. The contractor developed UM Plan shall at a minimum include requirements for:

**6.5.4.1.1.** Use of the mental health review criteria prescribed by the TRICARE Central Region managed care support contract, Section C, Task III,d.(5), J-3, currently under Attachment 9, and no other for review of those types and levels of mental health care included in the TRICARE Program.

**6.5.4.1.2.** Continued use of existing mental health review processes and requirements, including utilization review staff qualifications, as proposed/approved under the TRICARE Central Region managed care support contract for all beneficiaries.

**6.5.4.1.3.** Provisions for access to qualified mental health professionals at each TRICARE Service Center location for the purpose of screening and evaluating potential demonstration participants, within 72 hours of identification as a potential project participant.

**6.5.4.1.4.** Provide for an adequate number of qualified mental health providers to provide care to demonstration participants.

**6.5.4.1.5.** Establish methods for the identification of potential participants for the demonstration through existing preauthorization process, concurrent and retrospective review processes, or PCM/MTF referral, etc. The contractor shall update written review procedures and policies to include demonstration requirements/benefits/parameters for eligibility, and procedures for becoming a participant in the demonstration. The procedures and policies shall be available at the start of the demonstration and shall be provided by the contractor to the OASD(HA) COR, upon request.

**6.5.4.1.6.** Perform an initial evaluation of the participant at the nearest designated comprehensive treatment facility.

**6.5.4.1.7.** Assign a demonstration case manager for each demonstration participant, upon initial evaluation at the comprehensive treatment facility, who will be responsible for the coordination and monitoring of all services provided by each member of the participant's treatment team. The contractor shall ensure that the position of case manager is held by an individual meeting the educational requirements of a masters prepared registered psychiatric nurse, licensed masters prepared psychiatric social worker, or a doctoral level

clinical psychologist, all of whom must have at least two years of case management experience. The case manager's responsibility shall exceed traditional utilization management functions. The case manager shall serve as a link between participants, providers, the contractor/subcontractor, the OASD(HA) and the TMA CORs, the Lead Agents and the MTFs. The primary responsibility of the case manager shall be to develop guidelines/procedures that contribute to the goals of the demonstration. The case managers shall, beyond case coordination, have the authority to make implementation decision about the provisions of all mental health services required by a participant. Case managers shall maintain a current care plan that shall be presented to the clinical management committee upon entry into the demonstration and quarterly thereafter. The quarterly care plan shall include a quantified evaluation of the improvement of the patient using the metrics of the demonstrations. The contractor shall ensure the case managers workload shall be appropriately structured to allow case managers sufficient time to properly and timely perform all review, coordination, consultation, research, notification, administration and reporting functions required under this demonstration. Under no circumstances shall a full-time case manager's case load exceed 15 beneficiaries (part-time case managers' case loads shall be proportional). THE DEMONSTRATION CASE MANAGER SHALL NOT NEGOTIATE OR DENY THE LEVEL OF CARE OR SERVICE REQUESTED.

6.5.4.1.8. (Assign a PCM for each demonstration participant. This PCM will be ultimately responsible for the demonstration participant's overall medical care.) The Case Manager is responsible for coordination of mental health care under the demonstration.

6.5.4.1.9. Provide for emergency referrals and access to 24 hour treatment.

6.5.4.1.10. Provide policies and procedures for outlining crisis stabilization treatment/ methods based on current standards of practice within the mental health community.

6.5.4.1.11. Develop specific policies and procedures for timely processing of non-emergency referrals, including time frames for gathering pertinent data from the appropriate sources.

6.5.4.1.12. Establish procedures for regularly scheduled Treatment Team Reviews with treatment plan modifications as necessary at each service location.

6.5.4.1.13. Establish measurable goals for the internal monitoring and improvement of the UM Plan as well as the criteria for measuring improvements

6.5.4.1.14. Establish procedures/processes for authorization/notification of the provider and claims processor, to include samples of the authorization/notification for OASD(HA) COR approval 30 calendar days prior to start of demonstration.

6.5.4.1.15. Definitions for all wraparound services provided under the demonstration.

6.5.4.2. The contractor shall submit for OASD(HA) COR's approval, the UM Plan 30 calendar days after issuance of the contract modification. The OASD(HA) COR will provide written approval to the contractor within 15 calendar days of receipt.

6.5.4.3. The contractor shall ensure the participants' case manager verifies eligibility for the TRICARE Program on the Defense Enrollment Eligibility Reporting System (DEERS) prior to authorizing care under this demonstration.

6.5.4.4. The contractor shall be responsible for the following information collection and reporting requirements:

6.5.4.4.1. The establishment and maintenance of a database of participants in the demonstration which includes the following patient data and routine medical record intake data requirements for:

- Participants: name, sponsor name and social security number, 5 digit zip code, date of entry into demonstration, the source of referral, diagnosis, age, care costs, specific type of care authorized and length of time care was authorized.
- Beneficiaries screened as ineligible for demonstration participation: name, sponsor name and social security number, five digit zip code, date of entry into demonstration, the source of referral, diagnosis, age, care costs, specific type of care authorized, length of time care was authorized and reason for denial, and alternative care provided the ineligible beneficiary. All sentinel events (hospitalization, self-destructive behavior, expulsion from school, juvenile arrests, and pregnancy) will be tracked.
- Total number of beneficiaries identified, screened, assisted, by beneficiary category, military affiliation, source of referral service or assistance required or requested.

6.5.4.4.2. The data shall be electronically transferred to the OASD(HA) COR via a format agreed upon by the contractor and the OASD(HA) COR no later than the 15th of each month.

6.5.4.4.3. Other ad hoc reports not to exceed five, which may be specified by the OASD(HA) COR during the demonstration period.

6.5.4.5. The contractor shall be responsible for the processing and payment of claims for participants of this demonstration in accordance with existing TRICARE Central Region managed care support contract claim processing requirements, including HCSR reporting requirements. HCSR reporting will be used for cost-comparison.

6.5.4.6. The contractor shall comply with the TRICARE appeals policies, procedures and processes required by current TRICARE rules and regulations as specified under the current TRICARE Central Region managed care support contract.

6.5.4.7. The contractor shall share financial risk by accepting as a maximum annual payment for such services a case-rate (i.e., capitated rate), determined via modification. The capitated rate (case-rate) will be paid one month in arrears. The contractor will bill the government one-twelfth of the annual capitated rate for each enrollee covered during the previous month using a DD Form 250. Requests for payment should be sent to TMA-Aurora, Contract Resource Management Directorate.

**6.5.4.8.** The costs paid the contractor affect to a degree those costs incurred as a result of this demonstration. Any equitable adjustment to either the government or the contractor shall be settled through modification.

